

ISSUE ELP STAPLE AREA (for additional cross reference)

ACTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	10-03-71
OLP & CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	10/19
FORMALITY REVIEW	M-1	1102	11-01-71
RESPONSE FORMALITY REVIEW	AM	917	04-18-72

INDEX OF CLAIMS

+ _____ Rejected
 + _____ Allowed
 + (Through summary) _____ Classified
 + _____ Restricted
 N _____ Non-extended
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
15		65		115	
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27		77		127	
28		78		128	
29		79		129	
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34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

50-157
 11/12
 11/3
 9-11-71

If more than 150 claims or 10 actions
 staple additional sheet here
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Best Available Copy